

FORM CD-29 (REV. 4-95) LF DAO 204-1		U.S. DEPARTMENT OF COMMERCE		1. TYPE OF AUTHORIZATION		2. TRAVEL ORDER NO.	
TRAVEL ORDER				<input type="checkbox"/> TEMPORARY DUTY		<input type="checkbox"/> RELOCATION—A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.	
3A. BUREAU NAME/ORGANIZATIONAL UNIT				3B. PRESENT OFFICIAL STATION			
4A. TRAVELER'S NAME		4B. TRAVELER'S TITLE		4C. SOCIAL SECURITY NO.			
5. PURPOSE AND JUSTIFICATION STATEMENT				6A. TYPE OF TRAVEL CODE			
				6B. PURPOSE OF TRIP CODE			
				6C. BUREAU CODE NO.			
7. ITINERARY							
8. PERIOD OF TRAVEL		8A. BEGIN ON OR ABOUT		8B. END ON OR ABOUT		9. ACCOUNTING CLASSIFICATION CODE	
10. MODE OF TRANSPORTATION <input type="checkbox"/> COMMON CARRIER <div><input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> EXTRA FARE (Justify in Item 14)</div> <div><input type="checkbox"/> AIR-COACH <input type="checkbox"/> AIR-EXTRA FARE (Attach CD-334)</div> <input type="checkbox"/> PRIVATELY-OWNED VEHICLE <div><input type="checkbox"/> AUTO <input type="checkbox"/> PLANE <input type="checkbox"/> RATE PER MILE _____ CENTS (See FTR 301-4 or FTR 302-2.3)</div> <div><input type="checkbox"/> DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT</div> <div><input type="checkbox"/> FOR CONVENIENCE OF TRAVELER (See FTR 301-4.3 and 301-4.4)</div> <input type="checkbox"/> RENTED MOTOR VEHICLE (See FTR 301-2.2c(2) and 301-3.2) <input type="checkbox"/> OTHER MEANS (Specify)				11. ESTIMATED COST			
				A. TRANSPORTATION (Billed directly to Government)		\$	
				B. OTHER TRANSPORTATION INCLUDING POV MILEAGE		\$	
				SUBSISTENCE EXPENSE (Per Diem/Actual)		\$	
				OTHER EXPENSES (Item 13)		\$	
				TEMPORARY QUARTERS SUBSISTENCE EXPENSE		\$	
				RELOCATION EXPENSES (Other than listed above)		\$	
				SUB-TOTAL B		\$	
				TOTAL A & B		\$	
				COMMON CARRIER REFUNDS When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office		ACCOUNTING OFFICE ADDRESS:	
TRAVELER'S POTENTIAL LIABILITY NOTICE—Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with thier official travel. If trips are cancelled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher.							
12. SUBSISTENCE EXPENSE In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-7.3 and 301-8.1c.				RATES AUTHORIZED:			
13. OTHER EXPENSES AUTHORIZED <input type="checkbox"/> MEETING REGISTRATION FEES <input type="checkbox"/> HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS <input type="checkbox"/> EXCESS BAGGAGE (Justify in Item 14) (See CTR 301-5.2) <div><input type="checkbox"/> CASH <input type="checkbox"/> GEBAT</div> <input type="checkbox"/> OTHER (Specify and Justify in Item 14)		14. SPECIAL PROVISIONS/REMARKS					
Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time unless another trip will be made within 30 days.							
15. SIGNATURE OF REQUESTING/APPROVING OFFICIAL		TITLE		DATE			
16. SIGNATURE OF AUTHORIZING OFFICER		TITLE		DATE			
PRIVACY ACT NOTIFICATION The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce centralized travel system. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.				CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.			